

Food and Facilities Program

401 Fifth Avenue, Suite 1100
Seattle, WA 98104-1818

206-296-4632 Fax 206-296-0188

TTY Relay: 711

www.kingcounty.gov/health

**Plan Review Submittal
Cover Sheet - *REQUIRED***
For Permanent Food Service Establishments

Please place this cover sheet on top of the plans or on the outside of a set of plans. All of the following information must be submitted in the following order. **Incomplete plans will not be accepted until all required information is received.** Only completed plans will be processed and reviewed.

Establishment Name: _____ Phone: _____

Site Address: _____
Street City Zip

Applicant/Contact Person for Plans _____ Phone: _____

Mailing Address: _____
Street City State Zip

Fax: _____ Email: _____

For City of Seattle only – DPD Project Number (if already assigned) _____

Page number in plans or specifications should be noted below.

Please Check if Item included	Item	Information Required	Location in Plans (page number)	Public Health Notes
<input type="checkbox"/>	Plan Review Application	Application must be complete		
<input type="checkbox"/>	Plan Review Fee	-New: \$804 (4 hour base) -Remodel: \$603 (3 hour base) -Multiple Permit: \$603 (3 hour base) -Resubmitted Plans: \$201.00/hr <i>*Hourly rate of \$201 charged after the base time</i>		
<input type="checkbox"/>	Site Plan	Show building in relation to streets, sidewalks and parking		
<input type="checkbox"/>	Detailed Menu	List of food and beverage items to be prepared and served.		
<input type="checkbox"/>	Equipment Floor Plans	2 Sets of plans required. <i>* Refer to the Permanent Plan Review Guidelines for specific items required in the floor plans and for more details.</i>		
<input type="checkbox"/>	Equipment Schedule	List the make and model of all equipment		
<input type="checkbox"/>	Finish Schedule	List the finish of the floors, walls and ceilings in all areas.		
<input type="checkbox"/>	Seating Arrangements	Show the placements of chairs and tables for both indoor and outdoor seating		

For Office Use Only: Administrative review: _____ Date: _____

Reviewed by: _____ Date: _____ Time: _____ Activity min: _____